APPENDIX A: CLIENT REFERENCE FORM

The individual completing this Client Reference Form must be a responsible party of the organization for which the services were provided. This individual should have comprehensive knowledge about the services provided.

Vendor Reference Form		
Vendor:		Please rank each of these items on a scale of 1 to 5:
Client:		
Service Type(s):		5: Agree Strongly 4: Agree 3: Neutral 2: Disagree 1: Disagree Strongly
The Vendor was a good fit for the contract(s) they were hired for.		
2. The Vendor provided skilled and qualified staff to support the contract(s).		
3. The Vendor provided staff that was accessible when needed.		
4. The Vendor collaborated well with you by providing the appropriate support.		
5. The Vendor communicated issues and trouble areas early, and managed them well.		
6. The Vendor's product delivery was timely, accurate, and of good quality.		
7. The Vendor was knowledgeable, flexible and responsive to your needs.		
8. The Vendor provided thorough and timely support while addressing warranty issues.		
9. You would have no issues with doing business with this vendor again.		
COMMMENTS:		
NAME: DA	ATE:	
TITLE:		
EMAIL ADDRESS:		
PHONE NUMBER:		